

Assessment

908 KAR 2:130. Kentucky Early Intervention Program assessment and service planning.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.030, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the provisions of assessment and the Individualized Family Service Plans used in First Steps, Kentucky's Early Intervention Program.

Introduction

In First Steps, Kentucky's Early Intervention System, evaluation and assessment are considered two activities. This is consistent with the distinction of purpose typically made in the provision of educational services, and IDEA, Part C, is an education law. Evaluation in First Steps is for the purpose of establishing eligibility for services. **Assessment in First Steps is for the purpose of program planning.**

According to both federal and state legislation, service providers must complete activities to develop a service plan for an eligible child and his family by identifying:

- the child's unique strengths and needs
- the services appropriate to meet those needs
- the family's resources, priorities and concerns
- and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

Assessment involves a number of activities which can identify the child's unique strengths and needs. The Zero to Three publication, *Toward a New Vision for the Developmental Assessment of Infants and Young Children*, states "developmental capacities should be assessed in terms of quality, developmental sequence and relation to age expectations." Meisels and Greenspan further describe the necessity of having a "road map" of a child's development so that the professional's observations and data from structured assessments can be put into this framework. The road map includes the child's functional capacities in the social-emotional area as well as related cognitive, language, motor and sensory patterns. **The most important "instrument" a professional has for the assessment process is the knowledge of early childhood development.**

In combination with this knowledge of early childhood development, a professional must be familiar with formal assessment instruments. There are two types of these available:

1. Norm-referenced standardized instruments and
2. Criterion-referenced or curriculum based instruments.

The **norm referenced** instruments, to be valid, require standard administration, language, behaviors, and materials. **These instruments are not recommended for program planning.** The disadvantages these instruments present for assessment are advantages for and the reasons that norm-referenced tools are part of the evaluation process.

Criterion- referenced or curriculum-based instruments link to intervention in ways that standardized instruments cannot. Criterion- referenced refers to a set of behaviors arranged in a developmental sequence and the information obtained is what level the child has reached in terms of criterion behaviors. The items

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provide information about developmental milestones. Criterion-referenced tests yield age ranges rather than standard scores and are invariably multi domain. Curriculum-based instruments have content items that then can become an intervention focus. These are only valid if the curriculum is one which the parents and service providers on the team endorse (Towle, p.44).

Assessments must draw first on *current* existing information so that duplication of procedures or information gathering is not a common experience for families. Assessments can include single discipline procedures; however, the process of interdisciplinary and transdisciplinary teams working together in a collaborative manner is emerging as a best practice. The formation of a two or three member mini-team for assessments allows for the observations by several persons, including the parents, with a single person interacting with the child and facilitating the session.

Professionals using a multi-domain instrument or a modified play-based assessment, with a combination of some structured activities and observations through play and handling, is emerging as the model for use with very young children (Towle, 1995). Toni Linder's work in Transdisciplinary Play-Based Assessment is the basis of this approach. The principle in this approach is to obtain information from spontaneous behaviors and then to fill in the gaps of information by eliciting behaviors in structured interactions. In this modified approach the assessor fills out a criterion-referenced instrument while the child plays and then provides a structured environment and materials to elicit additional criteria behavior.

Families are an important source of information about how and what their child is doing, especially in regard to functional tasks. Research indicates that parent's observations are indeed accurate. When assessments focus on the child's functioning in typical settings it is easier to develop family centered intervention. When parent input is valued and the parent is truly a member of the assessment team, the results are family centered. The early intervention initiative *Project Dakota* developed questions which may be used with families to gather important information and focus for assessment (See Appendix).

The following policies and procedures provide the structure for the provision of assessment for young children in the First Steps program. The appendices provide pertinent information including an annotated bibliography of instruments, a listing of resources in domain areas and a glossary of commonly used terms. The Technical Assistance Teams in your region are also a source of information on the subject of assessment.

Section 1.

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- (1) Assessment activities shall occur after the establishment of a child's eligibility for First Steps.
- (2) Assessment shall be the on-going procedure used by qualified personnel throughout the period of a child's eligibility to identify:
 - (a) The child's unique strengths and needs;
 - (b) The services appropriate to meet those needs;
 - (c) The family's resources, priorities and concerns which shall be:
 1. Voluntary on the part of the family;
 2. Family-directed; and
 3. Based on information provided by the family through personal interview; and
 - (d) The supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.

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(3) Assessments shall be ecologically valid and reflect appropriate multisource and multimeasures. One (1) source or one (1) measure shall not be used as the sole criterion for determining an intervention program. Assessment methods shall include any combination of the following:

(a) Direct assessment shall include:

1. Instruments that are appropriate for infants and toddlers and that allow for adaptations for disability as needed; and
2. Criterion referenced instruments, which compare the child's level of development with skills listed in a chronological sequence of typical development.

(b) Observations shall:

1. Take place over several days if possible; and
2. Occur in appropriate natural settings; and
3. Include play and functional activities of the child's day; and
4. Be recorded in a factual manner.

(c) Interview and parent reports shall:

1. Involve the use of open-ended questioning after the assessor establishes rapport; and
2. Be provided by parents and other primary caregivers.

(d) Behavioral checklist and inventories:

1. Can be completed by caregivers by mail or phone or through interview; and
2. Allow for comparison across settings.

Best Practice Guideline: Refer to the Dakota Project in appendix of the assessment section.

(4) Every child determined eligible by established risk shall have an assessment in all five (5) areas of development:

Best Practice Guideline: It is appropriate for the initial assessment in all five areas to be a single comprehensive assessment. A further indepth assessment in those areas of concern may be appropriate.

(a) Within forty-five (45) days after receipt of the referral; or

(b) If assessment does not occur within forty-five (45) days due to illness of the child or a request by the parent, the delay circumstances shall be documented.

(5) Every child who is eligible for First Steps by having a developmental delay shall receive an initial assessment in the areas of development found to be delayed for the purpose of gathering additional information for service planning.

Best Practice Guideline: The same service provider that did the evaluation or the probable service provider may perform the assessment. Any information obtained in the evaluation process which is relevant to service planning should be used in the development of the IFSP.

Assessments should be administered in the family's native language or other necessary mode of communication. Results of the assessment should be shared with the family

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- A. orally in language that the family can understand, during and immediately following the assessment
- B. in a family-friendly manner
- C. in privacy, and
- D. in a written report within 10 days.

Children should not be expected to perform tests well when they are anxious about being separated from their parents. Therefore, it is not recommended that young children be separated during the assessment from their parents or caregivers. Young children should never be immediately assessed by a strange examiner, but rather given time before the assessment to get used to the examiner through play and introduction. Formal tests or tools should not be the cornerstone of the assessment of an infant or young child. Most standardized tests are not designed to bring out the unique abilities of children with atypical or challenging developmental patterns. Misleading scores from these tests can lead to inappropriate services. Structured tests should be only one piece of an integrated approach. Assessments limited to areas that are easily measurable should not be considered complete. Measures of motor or cognitive skills are not an accurate picture of the child's total developmental capabilities. A complete assessment should reflect a parent's experience with a child and include independent observations of a child's interaction with the parent.

Some key ways that parents can be maximally integrated into the assessment process (Towle, 1995):

- *by being in physical proximity to support.*
- *as interpreters and guides.*
- *as active, physical participants.*
- *as verbal participants.*
- *by narrating the session.*

(6) The assessment report shall include:

(a) A description of the assessment activities and the information obtained;

(b) Identifying information:

1. The central billing and information identification number; and
2. The child's Social Security number; and
3. The name of the child; and
4. The child's age at the date of the assessment; and
5. The name of the service provider and discipline; and
6. The date of the assessment; and
7. The setting of the assessment; and
8. The state of health of the child during the assessment; and
9. Whether the child's response level was typical; and
10. The instruments and assessment methods used; and
11. Who was present for the assessment; and
12. The signature of the assessor;

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Best Practice Guideline: An assessment should include a brief birth history including gestational age at date of birth.

(c) A profile of the child's level of performance, in a narrative form and shall indicate:

1. Concerns and priorities; and
2. Child's unique strengths and needs; and
3. Skills achieved since last report, if applicable; and
4. Emerging skills; and
5. Direction of future service delivery;

(d) Suggestions for any strategies, materials, or equipment or adaptations that shall support the child's development; and

(e) Information that shall be helpful to the family and other providers in building on the team's focus for the child and family.

(7) The initial assessment(s) report(s) shall be shared verbally with the family and the written report sent to the family and the service coordinator within ten (10) working days of the completion of the assessment.

(8) Information gathered in the assessment shall be used to develop the individualized family service plan (IFSP).

(9) Every child enrolled in First Steps shall receive assessment as an integral part of service delivery throughout the period of the child's enrollment in the program within the limitations identified in 908 KAR 2:200, Section 4.

(10) Prior to the annual and six (6) month review of the IFSP a written summary shall be provided to the primary service coordinator and family.

Best Practice Guideline: The minimum components that should be included in that summary report are: child's name, date of birth, child's ID number, name of Primary Service Coordinator, name and title of person completing summary, name of agency, service being provided along with frequency and intensity, service site, child's actual attendance over the six months, summary of the progress made over the six months, recommendations and signature of person completing summary.

Best Practice Guideline: The family's ongoing and changing identification of their resources, priorities and concerns as it enhances their child's development should guide the program planning. Personal preferences of the family should direct the methods of gathering this information. Usage of the family input page is recommended. Assessment can determine in what way the child's development is atypical, what kinds of intervention may be appropriate, how a child may respond to a particular strategy and if progress or change has occurred in a particular area of development. Ongoing assessment should occur in order for the family and service providers to ensure that concerns and strategies are focused to meet the child/family's current needs. Ongoing assessment should also ensure that the IFSP and services are flexible and accessible. The IFSP is a contract with the family and providers to insure that services are provided.